Enrollment Form 457(b) Governmental

Mail Address: Retirement Plan Service Center Hartford Life Insurance Company PO Box 1583, Hartford, CT 06144-1583 Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
1 Griffin Road North, Windsor, CT 06095-1512



Group No: 150004	Social Security No:	C. INVESTMENT ELECTION
Employer: County of Placer	Dept/Location:	I elect to have my future contributions invested as follows. I understand that this Enrollment Form
Employee Name: (Last, First, M.I.)		is to be used to record my initial investment option election and may not be used for investment option transfers or investment
Mailing Address:		option allocation changes. To make investment changes please call 1-800-528-9009 or visit
City:	State: Zip: Sex::	retire.hartfordlife.com.
Home Phone: Work Phone: D	ate of Birth: Date of Hire:	SECTION 1 Selections must be in whole percentages totalling 100%.
A. CONTRIBUTIONS \$ or % Amount Frequency	y* Annual Contribution Total	% UN American Beacon Small Cap Value% 5Y American Funds The Growth Fund of America Inv 7 Opt
Employee X	= 	% UJ Artisan Mid Cap Value Inv Opt
Current Annual Salary \$	* Frequency Monthly = 12 Bi-Weekly = 26	% J7 Baron Small Cap Inv Opt % 9Z Calvert Social Investment Bond Inv Opt
☐ I am utilizing the plan's age 50+ catch-up	provision Semi-Monthly = 24	% 9P Davis New York Venture Inv Opt % 4O General Account
	Other:	% DF Goldman Sachs Growth Opportunities Inv Opt
My anticipated retirement date is/_/_	<u> </u>	% 1J Hartford Capital Appreciation HLS Inv Opt% 1C Hartford Dividend and Growth HLS Inv Opt
		% 1M Hartford International Opportunities HLS Inv Opt
B. SIGNATURES		% 1B Hartford Total Return Bond HLS Inv Opt
I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not		9/ HC Oakmank Fourth, and Income Inc. Oak
guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity		2000
prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to		
participate in the Deferred Compensation Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the		<u>, — </u>
provisions contained in my Employer's Deferred Compensation Plan. Together with my heirs,		
successors, and assigns, I will hold harmless my E	ts % VA SSgA Dow Jones Target Today	
performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Deferred Compensation Plan.		
acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my		W DG SSGA SXD SOO Flagebin Inv Ont
state, located on the last page of this form.		% N6 Templeton Growth Inv Opt
Signed in the state ofon		All investment options may not be available in all jurisdictions.
	Date	Please consult your Plan Sponsor to determine which are available.
Participant Signature		
This document has been received and accepted by	the Plan Administrator.	
Plan Administrator Signature	Date	
Printed Name of Registered Representative	Registered Representative	
	Tax ID/Producer Code	
Selling Firm Name	Selling Firm Tax ID	